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10.00 Association of American Cancer Institutes (AACI): Program for the 1970's, 1969

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Program for the 70's

N A A
THE CANCER CONTROL PROGRAM
of the
AMERICAN COLLEGE OF SURGEONS

PROGRAM FOR
The 60's.

6-18-78 Copy to
RCH

I. Objectives

The Cancer Control program of the American College of Surgeons has as its primary objective the improvement in the care of the cancer patient. Particular emphasis is placed on the betterment of care at the "community level" where the initial contact between the physician and patient occurs.

To accomplish this objective it is proposed that the present program of the American College of Surgeons be redirected. The new emphasis will be placed on the activities that pertain to the treatment of the individual patient with cancer and the results thereof. To this end the requirements for accreditation will include, in addition to the proper medical staff, adequate facilities, an organizational plan and an active record registry, the further reporting of end results of treatment as obtained through a proper follow-up of patients with cancer.

II. Concepts

The Committee on Cancer of the American College of Surgeons was established as an advisory body by the Board of Regents in 1922. Since 1933 the principal delegated duty of the Committee has been the formulation and maintenance of a program for accreditation of cancer services in hospitals and clinics in America. This duty was undertaken at the request of the American Society for the Control of Cancer, (now the American Cancer Society), and other organizations concerned with cancer control activities.

The program originally devised was conceived on the premise that group consultation and discussion of the diagnosis and treatment of the individual patients with cancer by the various specialists involved in their treatment would result in better care for the patients. The original requirements for an approved "Cancer Clinic" which were formulated to achieve this objective remained in force unchanged from 1933 to 1956. The requirements were essentially of an administrative nature and pertained to organization and facilities. Under this accrediting system over 600 approved cancer programs were developed in America.

(9 October 1960)

In 1956 the addition of an active tumor registry became a requirement for accreditation of a cancer service by the American College of Surgeons. Now a re-emphasis of this requirement is made and includes the evaluation of end results of treatment within a given institution as a necessity for accreditation. This end results report will become a requisite June 1, 1961.

III. Policy and Proposals - Discussion

The proposals are a departure from the policy of the past and will change the premise of the American College of Surgeons accreditation methods from those of a survey of administration, organization and facilities to an actual evaluation of the professional care of the patient with cancer.

There is now no program in America by a professional organization which specifically fills the vital need of mobilizing our physician resources to a better care for the cancer patient. The Committee on Cancer of the American College of Surgeons has formulated a progressive, realistic, attainable program to bring about the vitalization of the College's role in the cancer control program of America, if it is the desire of the Board of Regents to implement such a function.

The Committee on Cancer of the American College of Surgeons realizes that the present system of accreditation does not insure that all approved cancer services accomplish the best care for the patient with cancer. The new policy, if approved by the Board of Regents, should do much toward making each approved service render acceptable service to the patient with cancer. However, many of the 834 presently approved services will not be able to qualify under the new policy and the Board of Regents must be prepared for the anticipated objections of those that will be disapproved.

If the wishes of the Board of Regents have been properly interpreted in the formulation of the new policies and objectives, the Committee on Cancer is prepared to propose a specific program for the "sixties". The various aspects of this program will be implemented in a carefully planned manner taking into consideration the fact that the entire procedure is a permissive one. Success will depend upon securing not only the unwavering support of the Board of Regents, the Board of Governors and the Fellows of the College, but also the understanding and active support of the other national bodies concerned with cancer control, the hospitals which conduct cancer programs, and the professional members of each local clinical cancer service.

IV. The Program of the College for the 'Sixties'

A. Accreditation Procedures

1. Revised procedure for accreditation. The new edition of the Manual for Cancer Programs (as presently submitted) sets forth the following Minimum Standards for Approval of Cancer Programs:

a. Basic Standards

- (1) Approval by accreditation agencies. (J. C. A. H. for hospitals; local medical society for others.)
- (2) Committee on Cancer of the medical staff.
- (3) Cancer Registry in operation.
- (4) Evaluation of Survival/End Results on and after 1 June 1961.

b. Additional Standards for Cancer Clinical Programs

- (1) Cancer Clinical Program. Operate under rules approved by the medical staff and confirmed by governing body.
- (2) Conformance with following objectives:
 - (a) Staff of clinical activities group composed of appropriate medical specialists headed by a director.
 - (b) Non-private patients should, as policy, be referred to clinical activities group for management.
 - (c) Private patients may, under local policy, be referred for diagnosis and recommendation.
 - (d) Regularly scheduled clinical sessions of staff held as frequently as necessary. Brief minutes should be recorded. Medical staff and physicians from community should be invited to attend clinical sessions.

- (e) Clinical activities group staff should actively pursue educational objectives, support local committee on cancer, and encourage clinical research in cancer.
- (f) When treatment is part of program, hospital should provide facilities/equipment adequate for diagnosis/care of the cancer patients, including major surgery and radiotherapy.

2. The Survey of Cancer Programs in Hospitals

- a. Revised Manual for Cancer Programs to be published and distributed nationally by January 1, 1961.
- b. New standards will become a requirement by June 1, 1961.
- c. The new classification of cancer programs will become effective October, 1961, and will be so published in the Bulletin of the American College of Surgeons.
- d. Results of future surveys are to be machine recorded, and analyzed statistically. Regional Chairmen of the Committee on Cancer of the College will make recommendations for approval to the Committee of the Whole based upon the final review of the appropriate statistical report.
- e. The requirement for follow-up procedures and end results reporting of treatment of cancer patients will be put into effect progressively, as all institutions now approved will be resurveyed during the next three years.

3. Future plans for accreditation policy

- a. Further development of a common international language for cancer.

- (1) Standardize nomenclature
- (2) Standardize staging of disease
- (3) Standardize end results reporting
- (4) Develop and encourage use of machine methods for coding and central reporting of cancer.

b. Encourage formation of approved cancer services in all accredited hospitals as a criterion for J. C. A. H. approval.

c. The Cancer Audit

- (1) The probability of using this procedure as a future requirement is being tested by a pilot study in a group of selected hospitals. Check lists and procedures for evaluating the treatment for cancer of the colon and rectum are now undergoing development and trial. Addition of other sites for evaluation will be added as soon as practical.

4. Consideration of the possibility of an appointment of a biostatistician to the staff of the American College of Surgeons to assist in the Cancer Control Program of the College.

A wealth of information on cancer care at the community level will become available. For the proper utilization of this information and the evaluation of the programs themselves, a medical statistician is urgently needed.

B. Education

1. General Program

The basis for any advancement in the care of the patient with cancer is founded on a progressive plan for physician education. This is an integral part of the philosophy of the program for the Annual Clinical Congress and the entire program of the American College of Surgeons at a national, regional (sectional), state and local level.

(9 October 1960)

Specifically, the Committee on Cancer of the American College of Surgeons organizes an annual program for the Clinical Congress and for the Sectional Meetings and proposes a broader base of participation. The following items are being studied:

- a. Appointment of an active Subcommittee on Education
- b. Exhibits on cancer activities.
- c. Exploration of greater participation in the Clinical Congress, Postgraduate Courses, Cine Clinics, exhibits, and Forum with a Committee member assigned to report on areas that need a more comprehensive coverage of cancer information.
- d. Cancer Symposium - plan at least a year ahead for both Clinical Congress and Sectional Meetings.
- e. Broaden base for participation in programs with inclusion of young and promising essayists.
- f. Bulletin articles to explain the cancer program of the College.
- g. Editorials in surgical journals on College program.
- h. Manuals and brochures on appropriate topics, especially those subjects associated with operation and management of the cancer service.

2. Regional Program

- a. The Committee members are assigned one of fourteen regions in America and are encouraged to give positive guide lines for development of a regional program which will include an active participation of the College in the care of the cancer patient through established tumor services at the regional and state level.
- b. Conduct 'Workshops' on management of clinical cancer services and registries.

(9 October 1960)

- c. Encourage educational programs for the medical staffs of hospitals on the essentiality of: follow-up, survival reporting, group consultation and emphasis on the annual cancer examination.
- d. Prepare movies, exhibits and demonstrations to emphasize methods of organization and procedure for cancer services.
- e. Cooperate with existing cancer control groups in developing a more effective professional program in cancer care.
- f. Continue the study of suitability of conducting an International Cancer Year.

V. Administration and Operations

- A. The Committee on Cancer should become increasingly effective by:
 - 1. Giving a specific subcommittee assignment to each committee member.
 - 2. Insist that each member be a functioning participant by carrying out his assignment.
 - 3. Assign interval activities to be carried out between annual meetings at the Clinical Congress.
 - 4. Utilize members for Sectional and State Meetings.
 - 5. Urge member participation in a specific cancer program, local or state.
 - 6. Observe geographic distribution of committee members and attempt to appoint only those with experience in cancer control procedures.

(9 October 1960)

- B. The Chairman of the Committee on Cancer should:
1. Appoint subcommittees to aid in policy review and program planning; these to include standing committees on Education, Annual Program of Clinical Congress, Regionalization, Nomenclature-Staging and End Results Reporting, Cancer Chemotherapy, and others as may be indicated.
 2. Appoint an Executive Committee which shall function in the interval between annual meetings and will be available as needed for advice and counsel. This committee will review the problems of accreditation of cancer services, function as a review committee of accreditation procedures and revise the Manual for Cancer Programs as required.
 3. Request participation of each regional representative of the Committee in evaluating the cancer programs of his region.
 4. Report annually to the Board of Regents:
 - a. On the progress of the Cancer Control Program of the American College of Surgeons as approved by them.
 - b. For advice on policies and recommendations of the Committee on Cancer on programs and functions of the Committee.
- C. The Director of the College and his Staff Members shall provide the administrative support, fiscal aid and general policy guidance to the Committee on Cancer as directed by the Board of Regents.
- D. Chapters of the College and Fellows shall furnish the professional support to this program.
- E. Other professional colleges and cancer control organizations will be invited to an increasing participation in the program as seems desirable and appropriate.

VI. Discussion and Conclusions

- A. A broad, long-term program in cancer control measures suitable for sponsorship by the American College of Surgeons has been outlined.
- B. Solid support by the Fellowship and positive implementation at national, state/provincial and individual level within the College organization should assure meeting the objectives of this program.
- C. The Committee on Cancer will maintain a constant surveillance over the various aspects of cancer control, and as appropriate, will recommend plans/projects within the competence of the College.
- D. It is the conclusion of the Committee on Cancer that if given the guidance of the Board of Regents and the support of the Fellowship, both directly and indirectly, that the program as outlined in preceding paragraphs, will effectively discharge responsibilities of the American College of Surgeons in cancer to the medical profession, the public, and the cancer patient.

VII. Recommendations

It is recommended that:

- A. The Cancer Control Program as outlined in preceding paragraphs be approved by the Board of Regents.
- B. The Chairman, Committee on Cancer, and the Director of the College confer and activate the program as approved, and that adequate publicity be given to this program.

R. Lee Clark, Jr., M.D., F.A.C.S.
Chairman
Committee on Cancer

(9 October 1960)

CONSTITUTION

ARTICLE I
NAME

The name of the corporation shall be THE AMERICAN ACADEMY OF ONCOLOGY. *Dr. Hickey took to*

ARTICLE II
AIMS AND PURPOSES

This organization is formed to establish and maintain an association which is concerned with the achievement of the highest level of excellence in oncology teaching and practice; to support established institutions and programs concerned with the training of oncologists, which of necessity would include surgeons, pathologists, chemotherapists, radiation therapists, internists, pediatricians, epidemiologists and others whose professional activities are devoted to cancer care and research; to foster cooperative endeavor by widely separated individuals in the pursuit of common problems in oncologic research; to promote, in all manners, sound research in all areas pertaining to oncology; to encourage the well trained young oncologist to continue his professional growth by the lifelong pursuit of his professional education in an organized manner in the company of his colleagues; to provide on a national scale a forum in the broad field of oncology for the presentation of the newest information and most advanced ideas in oncologic research and practice.

ARTICLE III
MEMBERSHIP

Section 1. There shall be four grades of membership, namely, Active Fellowship, Associate Fellowship, Honorary Fellowship and Emeritus Fellowship.

Section 2. Active Fellowship shall be limited to physicians qualified and practicing in their various specialty fields who are in continuous contact with patients with oncologic problems when elected and for as long as they shall

M.H. Copeland
R.C. Hickey
A.G. Knudson

Being handwritten
By
10/28/69

11/60/70 sent copy to Hickey
NOV. 4/1969

remain active members and fellows, except those serving in the Armed Forces of the United States and Canada or the United States Public Health Services.

Section 3. Associate Fellowship shall be conferred upon those who have passed the examination of their specialty Board and the majority of whose work is limited to oncology.

Section 4. Honorary Fellowship may be conferred by the ACADEMY on members of the medical profession of acknowledged pre-eminence either here or abroad.

Section 5. A Fellow who has reached the age of 65 years shall automatically be transferred to Emeritus Fellowship unless the said member shall request that he be continued as a Fellow and pay annual dues.

Emeritus Fellowship may be conferred by the ACADEMY on any Fellow who has been in good standing in the ACADEMY for 25 years, or who had retired from active clinical practice.

Section 6. The initial organizers of this ACADEMY shall be known as Founder members and all those who become Active Fellows during the initial organizational period (1 to 2 years) shall be known as Charter Members.

ARTICLE IV FINANCIAL OBLIGATIONS

Section 1. Active Fellows shall pay an initiation fee, the amount of which shall be determined by the Executive Council.

Section 2. Annual dues of an amount to be determined by the Executive Council should be paid by the Active Fellows and Associate Fellows to the Treasurer at such time as he may demand. All other members shall be exempt from the payment of annual dues.

Section 3. There shall be a registration fee for each annual meeting,

the amount of which shall be determined by the Executive Council. Physicians in good ethical standing who are not members of the ACADEMY may attend meetings upon payment of the registration fee. Honorary and Emeritus Fellows and official guests of the ACADEMY shall be exempt from payment of the registration fee.

THE (AMERICAN) ACADEMY OF SURGERY, INC.

BY-LAWS

ARTICLE I
Officers

Section 1. The officers of the ACADEMY shall consist of the following:

President, President Elect, Vice President, Treasurer and Secretary.

Section 2. All officers shall be elected at the annual meeting by a majority vote of those present and voting. They shall serve for one year unless otherwise provided.

Section 3. All of the above officers, except the President, President Elect and Vice President are eligible for re-election to succeed themselves.

ARTICLE II
Duties of the Officers

Section 1. Duties of the President. The President shall preside at all meetings of the ACADEMY and its Executive Council. He shall deliver an address at the annual meeting. He shall, at his discretion, appoint any special committee which is not provided for in the By-Laws or by action of an executive session of the ACADEMY. He shall, by appointment, fill any vacancy that may occur among the elected officers or committee members of the ACADEMY

during the intervals between annual meetings with the exception of the President Elect and Vice President.

Section 2. Duties of the President Elect. The President Elect shall succeed to the presidency at the close of the annual meeting the year following his election. In the absence of the President and Vice President he shall preside at the meetings of the ACADEMY and its Executive Council.

Section 3. Duties of the Vice President. The Vice President shall, in the absence of the President or upon his request, perform all the duties of the latter. In the event of the death or resignation of the President, he shall succeed him for the unexpired term.

Section 4. Duties of the Secretary. The Secretary shall give due notice of and keep the minutes of all meetings of the ACADEMY and its Executive Council. He shall make a report of such meetings to the ACADEMY. He shall keep a record of the names of the members, guests and visitors in attendance at the meetings. He shall prepare for publication the proceedings of the executive sessions of the ACADEMY and the Executive Council and a list of its members, sending one copy to each member as soon as possible after the annual

meeting of the ACADEMY. He shall conduct all official correspondence of the ACADEMY. He shall notify applicants of their election to membership and Fellows of their election to office or of their appointment to committees. He shall forward to the Editor of _____ the papers presented at the scientific sessions of the ACADEMY. He shall prepare certificates of membership for presentation to members at the next annual meeting after their election. He shall immediately notify the Treasurer of any changes in membership in the ACADEMY. He shall draw upon the Treasurer for all expenditures incurred in the conduct of his office and authorized by the Executive Council. He shall perform such other duties as may be assigned him by the President or the Executive Council.

Section 5. Duties of the Treasurer. The treasurer shall be the custodian of the funds and other assets of the ACADEMY and shall be bonded at the expense of the ACADEMY for such a sum as the Executive Council may decide. He shall collect all moneys due the ACADEMY from any source. He shall pay all the bills of the ACADEMY provided that such expenditures have previously been authorized by him or the Executive Council. No expense exceeding

\$50 shall be incurred in behalf of the ACADEMY without the previous approval of the Treasurer with the authorization of the Executive Council. He may, in case of inability to perform his usual duties and with the approval of the President, designate another Fellow to act for him pro tempore. In the event of a financial emergency the Treasurer shall be authorized by the Executive Council to dispose of such securities or other assets belonging to the ACADEMY as may seem best to him in order to meet the emergency. The accounts of the Treasurer shall be audited each year as of January first by certified public accountants. The Treasurer shall make an annual report to the ACADEMY at its annual meeting and such reports shall include the annual audit of the accounts and the statements of the financial condition of the ACADEMY.

ARTICLE III Executive Council and Committees

Section 1. Executive Council. The Executive Council shall be composed of the following officers of the ACADEMY, namely: The Past President, the President, President Elect, Vice President, Secretary, Treasurer and two Fellows less than 45 years of age.

Each of the following surgical associations and societies and each of the

following Federal Services may nominate every three years one of their members who is also a Fellow of the Academy for the Executive Council to serve for a term of three years:

American Academy of Pediatrics ✓
American Association for Cancer Education ✓
American Association of Clinical Oncology
American Cancer Society
American College of Physicians
American College of Radiology
American College of Surgery
American Radiological Society
American Society for Cancer Research
Association of American Cancer Institutes
College of American Pathologists
Ewing Society
Head and Neck Society
Leukemia Society
Union Internationale Contre le Cancer

Leison

No one shall serve on the Executive Council longer than two terms or a total of six years.

The Executive Council shall be the administrative authority of the ACADEMY and shall supervise all of its activities and determine its policies. It may, by majority vote, invite any member of another committee or any Fellow to participate in its deliberation at a given meeting. It shall hold an annual meeting prior to the annual meeting of the ACADEMY and at such other times as the President may designate. It shall receive and consider the reports

of the activities of the other committees and shall direct the Secretary to prepare a report to the ACADEMY reviewing the work of the previous year.

The Executive Council shall receive all complaints against fellows or members and upon recommendation of forfeiture of membership by the Membership Committee may, by a majority vote and after hearing the member in his own defense, drop from membership in the ACADEMY such fellow or member for cause or reasons as stated in Article _____ of the By-Laws.

Section 2. Membership Committee. The membership committee shall consist of seven members, each of whom shall serve for a period of five years, and each of whom shall represent one of the following areas:

- a. The New England States: Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire and Maine.
- b. Central Atlantic States: New York, New Jersey, Delaware and Pennsylvania.
- c. South Atlantic States: District of Columbia, Maryland, West Virginia, Virginia, North Carolina, South Carolina, Georgia and Florida.
- d. The North Central States: Ohio, Michigan, Wisconsin, Minnesota, Iowa, Illinois, Indiana, North Dakota, South Dakota and Nebraska.
- e. The South Central States: Kentucky, Tennessee, Alabama, Mississippi, Missouri, Arkansas, Louisiana, Kansas, Oklahoma, Colorado and Texas.

f. The Western States: Washington, Oregon, Idaho, Montana, Wyoming, Utah, California, Nevada, Arizona, New Mexico, Hawaii and Alaska.

g. Canada

The definition of these areas may be changed at the discretion of the Executive Council. A Fellow of the ACADEMY shall be elected at each annual meeting to succeed the retiring senior member of the membership committee. The senior member shall act as chairman.

The membership committee shall be responsible for the selection of those to be recommended for election as Active Fellows of the Academy and its decision in the matter shall be final. The membership committee receives the completed application forms of those desiring active membership from the Secretary. It selects from the list of applicants those it considers worthy of recommendation to Active Fellowship in the ACADEMY.

It shall also choose those meriting associate, honorary and emeritus membership and recommend them to the Executive Council for election.

The membership committee shall investigate charges of unprofessional conduct brought against a Fellow and may recommend forfeiture of membership

in the ACADEMY to the Executive Council when such action is considered expedient.

Section 3. The program committee shall consist of five members, one of whom shall be elected annually to serve five years. It shall arrange the scientific programs for the annual meetings. The chairman of the committee shall be selected by the President of the ACADEMY from the members of the existing committee with the approval of the Executive Council.

Section 4. The committee on scientific investigation shall consist of five members, one of whom shall be elected annually to serve five years. It shall concern itself with any and all problems of scientific investigation in oncology for the purpose of stimulating and encouraging research among the members of the ACADEMY. It shall make a report of its activities at each annual meeting.

Section 5. The committee on public relations shall consist of five members, one of whom shall be elected annually to serve for five years. It shall consider all problems which appertain to such committees. It shall make a report of its activities at each annual meeting.

Section 6. The nominating committee shall consist of seven members, six of whom shall be elected at the first executive session of each meeting after nominations from the floor. The seventh member shall be elected by the

Executive Council and shall act as Chairman. Each member is to be chosen from and represent one of the geographical sections previously defined. No member may serve two successive years on the nominating committee. It shall present at the last executive session the nominations for the various officers and committees to be elected as follows:

- President
- President Elect
- Vice President
- Secretary
- Treasurer
- Member of Membership Committee
- Member of Program Committee
- Member of Committee on Scientific Investigation
- Member of Committee on Public Relations
- Two members of Executive Council to serve for one year. The age of each of these members shall be less than forty-five years.

Section 7. In the event of the death of the President Elect, or Vice President, the nominating committee which was named at the last annual meeting shall select a nominee for the office. The nomination shall be presented to the Executive Council, which shall have the power to elect the nominee to the office.

ARTICLE IV Meetings

Section 1. The annual meeting of the ACADEMY shall take place on the

dates and in the place designated at the preceding annual meeting by the Executive Council.

Section 2. The annual meeting shall consist of scientific sessions and at least two executive sessions, one on the first and one on the last day of the meeting.

Section 3. The induction of new Fellows shall take place at each annual meeting.

Section 4. Election of new officers shall take place at the last executive session of each annual meeting.

Section 5. Roberts' Rules of Order shall be the authority in the conduct of the meetings.

ARTICLE V Qualification for Membership

Section 1. The candidate must have graduated from a Class A medical school.

Section 2. The candidate for Associate Fellowship must be Board certified in his specialty or have the equivalent from the qualifying body in the country of his biomedical training.

Section 3. The candidate for Active Fellowship must have the same qualifications as the Associate Fellow and, in addition, must have made contributions to the field of oncology by his efforts in clinical or basic research,

in medical education, or elevation of standards of oncology in his own community.

Section 4. The candidate for any Fellowship must be an ethical practitioner of medicine.

ARTICLE VI Nomination and Election of Members

Section 1. All nominations of candidates for Active Fellowship shall be presented to the Secretary on blanks printed by the ACADEMY and must be endorsed by two Fellows.

Section 2. The application of each candidate shall be referred to the membership committee, which shall determine the candidate's eligibility. It may recommend for election to fellowship or decline the application.

No applicant shall be elected to any grade of membership except upon the recommendation of the membership committee.

ARTICLE VII Forfeiture of Membership

Section 1. Any Fellow or Member may be dropped from membership by

the Executive Council upon recommendation of the Membership Committee for immoral or unethical conduct, provided that the member in question has been informed of the impending action and given an opportunity to appear in his own behalf before the Executive Council.

Section 2. Any member in arrears for two years' dues without adequate explanation shall be dropped from the roll of membership on the approval of the Executive Council. No member shall be dropped from membership until three months have elapsed from the time he has received final notification of impending loss of membership.

Section 3. Attendance at meetings at least once every three years.

ARTICLE VIII Guests

Section 1. Any member of the medical or allied professions in good ethical standing may attend any or all of the scientific sessions but shall be required to pay the registration fee.

Section 2. Official guests of the ACADEMY are not required to pay registration fees.

ARTICLE IX Amendment of the Constitution and By-Laws

Section 1. Proposed amendments to the Constitution and By-Laws must be presented in writing to the Chairman of the Executive Council, signed by five Fellows, prior to the last executive meeting of any annual meeting of the ACADEMY, and cannot be acted upon until the next succeeding annual meeting of the ACADEMY.

Section 2. A copy of the proposed amendments to the Constitution or By-Laws shall be sent to each Fellow at least one month before the annual meeting.

Section 3. The proposed amendment shall be voted on at an executive session of the annual meeting. A three-fourths vote of those present and voting shall be required to pass an amendment to the Constitution or By-Laws.

The World Wide Association of Cancer Institutes

Program: For the 70's

Part: The Solution to the Cancer Problem

Est.: Secretariat with Copeland correlating and registering

research programs and projects from any Research group - w.w. that personally feel that it has any correlation to solving cancer etiology - cancer cure - control - or amelioration - with emphasis on any segment of the total neoplastic process - considering cancer as a heterologous ^{SP} group of neoplastic diseases with multiple etiologic egis and requiring multiple means of control - cure - and prevention.

Rationale - with such a secretariat instead of everyone fearing that he will not get proper credit for his work if he mentions it before he has concrete evidence registered in the literature - he will have w-w. recognition that he is working on a specific subject - it will be authoratively recorded (a publication - making a record before the w.w. - group of scientists can be issued periodically and new facts immediately issued for the record and for confirmation and/or collaboration by co-scientists or ^{basic} scientists to clinical scientist or physician). Task forces then can be recruited from those similiarly engaged to persue a lead where indicated - (similar to to that which has evolved with Becketts T but with greater dispatch)

Wherever
ACID appears
should be
AACI (v first
time spell it out
followed by
AACI in paren)

Resources in personnel, equipment, patients, demographic or population peculiarities, facilities and funds. - We can mobilize the P IV funds through out the world where indicated.

Time Sequence Analysis

1939	Hahn Announcing "Splitting of Atom" Fermi's ^{et} Confirmation
1945	Manhattan ^{hattan} Project
1945	A-Bomb on Hiroshima ^{hima's} and Peace restored and held to
1969	World Use of A & Nuclear Energy for ^{topic} peaceful purposes opening up new civilization
1968	^{Nirenberg} Nirenberg genetic code and nuclear acid sequence of genetic cellular material
1969	Full time man to prepare "Pert" for announcement at 1970 Congress

March

1. Discuss with symposium group the relevancy of an all out push similar to development of nuclear energy.
2. Discuss with Murray - Hickey - Frei - Boyd our orientating our total effort to accelerating our goals to a 70 solution, inviting Acid to join us.
3. Decide tomorrow if we should extend invitation to Endicott, Grace, Eliel, - Scarborough, Casey, to meet with us with Horsfall March before symposium to make plans for getting this funded by 1970 - *starting* with \$100,000,000 in that year added to the present NCI funds and

encompassing 2 billion total by 1980 for facilities, manpower to be created but above all to put all our available talent to work - on this program with a separate group of peers from that now existing making judgement on the relevancy.

4. Employ Eliel for Director Clinical Cancer Research program and put him to work with Zimmerman and Raad in projecting a sequential analysis of "The Solution": Involving:

- (a) Data Storage and Retrieval
- (b) Etiology
- (c) Present Therapy (Surgery Radiation Rx)
- (d) Viruses
- (e) Genetics
- (f) Immunology
- (g) Chemotherapy
- (h) Host Resistance
- (i) Prevention
- (j) Rehabilitation

Ask for for Endicott to join is above with the experts he has available and hopefully a contract to aid us.

5. Discuss alternative plan of use of Mayfair from our present extended care plan for our present hospital program to one of all out effort in Chemotherapy and immunotherapy with 5 to 20 Laminar flow rooms added to greater effort in host resistance and pharmacology.

1970 - Announce goals at Xth Congress

Call meeting of w.w. - Cancer Institute

Plan organization and record those who wish to participate

Plan with Luke Quinn - the rallying of the Politicians: ours own first,
then those interested in the nation, and then the President.

Plan with Endicott the rallying of the NACC

Plan with ACS (Holleb-Adams Lasker) the rallying of their forces.

Plan with ACID, all phases and make this the Action base plus
those research and training centers now operating and funded in medical
schools (check our training grants and research grants and cancer center
grants to see where the Resources and interest lie.

1971 -75 Emphasize

1. Adequate funding of ongoing programs that are relevant
2. New programs designed to fit into the "Pert" sequence.
3. Facilities
4. Man power
5. Select one area basic to clinical for 1000% effort such as
lymphoma - leukemia and chemotherapy

1975-80

1. Cull inadequates and misleads.
2. Hopefully solve early in this period one form of cancer -for a model
3. Assign areas of expertise
4. Analyse Annually

br-

Dr. Clark wants to do some work on getting this in shape; suggest he be given a copy (xerox) sometime to take home and that orig. be kept here someplace. ml

7/8/69

Marion:

Since March we have had a copy for RC to take with him various times to read and revise. Some times he did take, but usually didn't. What do you think we should do now??

br

DRAFT

The World Wide Association of Cancer

Program: For the 70's

Pert: The Solution to the Cancer

Est.: Secretariat with Copeland

research programs and projects from any Researcher who personally feel that it has any correlation to solving the cancer cure - control - or amelioration - with emphasis on the total neoplastic process - considering cancer as a neoplastic diseases with multiple etiologic agents and of control - cure - and prevention.

Rationale - with such a secretariat

fearing that he will not get proper credit for his work before he has concrete evidence registered in the literature - w-w. recognition that he is working on a specific solution authoratively recorded (a publication - making a record group of scientists can be issued periodically and new for the record and for confirmation and/or collaboration or b scientists to clinical scientist or physician). be recruited from those similiarly engaged to pursue (similar to to that which has evolved with Beckets T 1

3/4 - copy in copy folder

br-

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4/16 Sent copy home & m/c
5/22 hasn't he been yet
6/11 Still pending

7/8/69

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File these
originals (in AACI
in a separate file
identified & marked
can be used)

DRAFT

The World Wide Association of Cancer Institutes

Program: For the 70's

Pert: The Solution to the Cancer Problem

Est.: Secretariat with Copeland correlating and registering

research programs and projects from any Research group - w.w. that personally feel that it has any correlation to solving cancer etiology - cancer cure - control - or amelioration - with emphasis on any segment of the total neoplastic process - considering cancer as a heterologous group of neoplastic diseases with multiple etiologic egis and requiring multiple means of control - cure - and prevention.

Rationale - with such a secretariat instead of everyone fearing that he will not get proper credit for his work if he mentions it before he has concrete evidence registered in the literature - he will have w-w. recognition that he is working on a specific subject - it will be authoratively recorded (a publication - making a record before the w.w. - group of scientists can be issued periodically and new facts immediately issued for the record and for confirmation and/or collaboration by co-scientists or b scientists to clinical scientist or physician). Task forces then can be recruited from those similiarly engaged to persue a lead where indicated - (similar to to that which has evolved with Becketts T but with greater dispatch)

Whitman
ACI as a
should be
AACI (final
time of fall is not
discussed by
AACI in future)

3/4 copy in Drug folder.

Resources in personnel, equipment, patients, demographic or population peculiarities, facilities and funds. - We can mobilize the P IV funds throughout the world where indicated.

Time Sequence Analysis

1939	Hahn Announcing "Splitting of Atom" Fermi's al Confirmation
1945	Manhattan Project
1945	A-Bomb on Hiroshima and Peace restored and held to
1969	World Use of Atomic & Nuclear Energy for Peaceful purposes opening up new civilization
1968	Murdoch Merenberg genetic code and nuclear acid sequence of genetic cellular material
1969	Full time man to prepare "Pert" for announcement at 1970 Congress

March

1. Discuss with symposium group the relevancy of an all out push similar to development of nuclear energy.
2. Discuss with Murray - Hickey - Frei - Boyd our orientating our total effort to accelerating our goals to a 70 solution, inviting Acid to join us.
3. Decide tomorrow if we should extend invitation to Endicott, Grace, Eliel, - Yarborough, Casey, to meet with us with Horsfall March 4, before symposium to make plans for getting this funded by 1970 - starting with \$100,000,000 in that year added to the present NCI funds and

encompassing 2 billion total by 1980 for facilities, manpower to be created but above all to put all our available talent to work - on this program with a separate group of peers from that now existing making judgement on the relevancy.

4. Employ Eliel for Director Clinical Cancer Research program and put him to work with Zimmerman and Rand in projecting a sequential analysis of "The Solution": Involving:
 - (a) Data Storage and Retrieval
 - (b) Etiology
 - (c) Present Therapy (Surgery Radiation Rx
 - (d) Viruses
 - (e) Genetics
 - (f) Immunology
 - (g) Chemotherapy
 - (h) Host Resistance
 - (i) Prevention
 - (j) Rehabilitation

Ask for for Endicott to join is above with the experts he has available and hopefully a contract to aid us.

5. Discuss alternative plan of use of Mayfair from our present extended care plan for our present hospital program to one of all out effort in Chemotherapy and immunotherapy with 5 to 20 Laminar flow rooms added to greater effort in host resistance and pharmacology.

1970 - Announce goals at Xth Congress

Call meeting of w. w. - Cancer Institute

Plan organization and record those who wish to participate

Plan with Luke Quinn - the rallying of the Politicians: our own first,
then those interested in the nation, and then the President.

Plan with Endicott the rallying of the NACC

Plan with ACS (Holleb-Adams Lasker) the rallying of their forces.

Plan with ACID, all phases and make this the Action base plus
those research and training centers now operating and funded in medical
schools (check our training grants and research grants and cancer center
grants to see where the resources and interest lies.

1971 -75 Emphasize

1. Adequate funding of ongoing programs that are relevant
2. New programs designed to fit into the "Pert" sequence.
3. Facilities
4. Man power
5. Select one area basic to clinical for 1000% effort such as
lymphoma - leukemia and chemotherapy

1975-80

1. Cull inadequates and misleads.
2. Hopefully solve early in this period one form of cancer -for a model
3. Assign areas of expertise
4. Analyse Annually

*Research should be
typed as draft*

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6. Information
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7. Think Group
Sessions